



Harford County Health Department  
119 South Hays  
P.O. Box 797  
Bel Air, Maryland 21014-0797

Make Check or Money Order Payable to:  
HARFORD COUNTY  
HEALTH DEPARTMENT

APPLICATION FOR A COPY OR ABSTRACT OF BIRTH CERTIFICATE

PLEASE PRINT

Request Date mo.\_\_\_\_/date\_\_\_\_/year\_\_\_\_\_

Full Name at Birth\_\_\_\_\_

First Middle Last

Date of Birth: mo. \_\_\_\_\_ date \_\_\_\_\_ year \_\_\_\_\_ Sex \_\_\_\_\_

Age at Last Birthday \_\_\_\_\_ Certificate no. (if known) \_\_\_\_\_

Place of Birth: Maryland only \_\_\_\_\_ County \_\_\_\_\_

Name of Hospital (if known) \_\_\_\_\_

Full Name of Father \_\_\_\_\_

Full Maiden Name of Mother \_\_\_\_\_

Your Relationship to Person on the Certificate \_\_\_\_\_

Note: A non-refundable \$20.00 fee is required for each certificate requested.

**IMPORTANT:**

PLEASE INDICATE IN THE BOX BELOW NUMBER OF CERTIFIED COPIES REQUESTED.

This certificate can be used for all purposes

[ ]

APPLICANT'S NAME (Print) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

\*Any person who willfully uses or attempts the use the requested certificate (s) for fraudulent or deceptive purposes is subject to a misdemeanor and on conviction is subject to a fine not exceeding \$500.00 in accordance with Maryland Health General Article, Annotated code. Section 4-221